STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155406	A. BUILDING 01 B. WING	03/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY CREEK AT PERU	390 WEST BOULEVARD PERU, IN46970

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 03/24/11 Facility Number: 000475 Provider Number: 155406 AIM Number: 100290540 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Hickory Creek at Peru was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated detectors in resident sleeping rooms. The facility has a capacity of 36 and had a census of 34 at the time of this survey.	K0000	Email DeliveryApril 13, 2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 04/01/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0044 SS=F	Based on observation and interview, the facility failed to ensure 2 of 2 sets of fire barrier doors were equipped with the appropriate hardware to allow the door which must close first, to always close first so both doors will always close completely and latch as a pair. LSC 7.2.4.3.8 requires fire barrier doors to be self closing or automatic closing in accordance with 7.2.1.8. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows at 3-4.2 requires where there is an astragal which prevents the inactive door of a pair of doors from closing and latching before the active door closes and latches, a coordinating device shall be used. This deficient practice could affect all 34 residents, as well as visitors and staff. Findings include: Based on observations on 03/24/11 during the tour between 12:01 p.m. and 12:59 p.m. with the Maintenance Supervisor, the fire barrier doors which swung in the same direction and were equipped with an astragal, lacked a coordinator for the the west set of fire doors next to the nurse's station and the east set of fire doors next to room #14. Based on interview on 3/24/11 concurrent with the observations	K0044	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law. Hickory Creek at Peru desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective April 4, 2011. **K-044** It is the policy of Hickory Creek at Peru that fire barrier doors will be equipped with the appropriate hardware to allow the door which must close first to always close first so that both doors will always close completely and latch as a pair. *How will corrective action be accomplished?* A coordinating device for each fire barrier door was ordered on March 25, 2011 and was received on April 4, 2011. They were immediately installed by the Maintenance Director on the fire barrier doors upon receiving the coordinators. *How will Hickory Creek at Peru identify others affected by the alleged deficient practice?* There are only two fire barrier doors and no other areas were affected. *What measures will Hickory Creek at Peru put into place so the alleged deficient practice will not recur?* During weekly preventative maintenance rounds	04/04/2011

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	with the Maintenance Supervisor, it was acknowledged the aforementioned sets of fire doors which swung in the same direction lacked a coordinator to allow the door without the astragal to close first. 3.1-19(b)		as well as during the monthly fire drills the Maintenance Supervisor will assess the use of the coordinators to assure that they meet the applicable provisions of the life safety code and that they are functioning properly. The Maintenance Director will document this check and review it with the administrator at the next scheduled morning management meeting. *How will Hickory Creek at Peru monitor its corrective actions?* The Maintenance Director will monitor the coordinators to assure compliance. The Administrator will have the overall responsibility to assure that the coordinators meet the applicable requirements of the Life Safety Code. Any concerns will be brought to the QA committee monthly and any concerns will be addressed as necessary. Completion Date: April 4, 2011	